

L22000530085

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000425942 3)))



H220004259423ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : SHUTTS & BOWEN LLP (ORLANDO)
Account Number : I200300000004
Phone : (407)835-6769
Fax Number : (407)843-4076

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: corpmail@shutts.com

**FLORIDA LIMITED LIABILITY CO.
110 CR 470, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

2022 DEC 19 PM 3:16

22 DEC 19 PM 12:35

(((H22000425942 3)))

**ARTICLES OF ORGANIZATION
FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name**

The name of the Limited Liability Company is:

110 CR 470, LLC

ARTICLE II - Mailing Address

The mailing address of the Limited Liability Company is as follows:

One Spectacle Pond Road
Littleton, Massachusetts 01460**ARTICLE III - Street Address**

The street address of the principal office of the Limited Liability Company is as follows:

10801 Cosmonaut Boulevard
Orlando, Florida 32824**ARTICLE IV - Management**

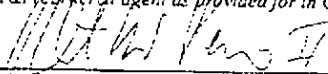
The Company shall be managed by one or more managers, and is thus a manager-managed limited liability company. The initial manager will be Robert W. Pereira, II.

ARTICLE V - Registered Agent and Office and Registered Agent's Signature

The name and the Florida street address of the registered agent is:

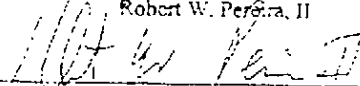
Robert W. Pereira, II
c/o Asphalt Production II, LLC
1801 Cosmonaut Boulevard
Orlando, Florida 32824

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this Certificate, I hereby accept the appointment as registered agent and agree to act in this capacity, I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, Florida Statutes.

By: 

(Registered Agent's Signature)

Robert W. Pereira, II


Signature of a member or an authorized representative of a member
Robert W. Pereira, II, Authorized Representative

(In accordance with section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, Florida Statutes)

(((H22000425942 3)))